



| | | | | | |
|---|---|--------------------------|-------------------|------------------------|--------------|
| Substitute for form 1449A/PTO | | Complete if Known | | | |
| INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary) | | Application / Conf. No. | 10/782,184 / 4548 | | |
| | | Filing Date | February 18, 2004 | | |
| | | First Named Inventor | Paul Ying-Fung Wu | | |
| | | Art Unit | 2826 | | |
| | | Examiner Name | Fetsum Abraham | | |
| Sheet | 1 | of | 1 | Attorney Docket Number | X-1389-1P US |

| U.S. PATENT DOCUMENTS | | | | | |
|------------------------|---------------|-------------------------------|--------------------------------|--|---|
| Examiner Initials * | Cite No. * | Document Number | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
| | | Number - Kind Code (if known) | | | |
| PT | | US- 5,998,862 A | 12-07-99 | Yamanaka | |
| | | US- 6,274,917 B1 | 08-14-01 | Glenn | |
| | | US- 2002/100969 A1 | 08-01-02 | Farquhar | |
| | | US- 5,949,655 A | 09-07-99 | Glenn et al. | |
| | | US- 6,016,006 A | 01-18-00 | Kolman et al. | |
| | | US- 6,483,702 B1 | 11-19-02 | Lofland | |
| | | US- 6,249,046 B1 | 06-19-01 | Hashimoto | |
| | | US- 2003/067070 A1 | 04-10-03 | Kwon et al. | |
| | | US- | | | |
| | | US- | | | |
| | | US- | | | |
| | | US- | | | |
| | | US- | | | |
| | | US- | | | |
| | | US- | | | |
| | | US- | | | |
| | | US- | | | |
| | | US- | | | |
| | | US- | | | |

| FOREIGN PATENT DOCUMENTS | | | | | | | |
|--------------------------|--------------|-------------------------|-------------------------------------|--------------------------------|--|--|-----|
| Examiner Initials * | Cite No.¹ | Foreign Patent Document | | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear | T * |
| | | Country Code * | Number * -Kind Code * (if known) | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | </ | | | | |

| | | | |
|-----------------------|--|--------------------|--------|
| Examiner Signature | | Date Considered | 3/6/05 |
|-----------------------|--|--------------------|--------|

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

* Applicant's unique citation designation number (optional). * See Kinds of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. * Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). * For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. * Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. * Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, Virginia, 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450.